



MONTGOMERY COUNTY, MD.  
**DEPARTMENT OF LIQUOR CONTROL**  
16650 Crabbs Branch Way, Rockville, MD 20855-2297

## EXPRESSION OF INTEREST TO LIST A PRODUCT

Instructions: Submit a separate data sheet for each product that you wish to have considered for listing. Separate sizes should appear on the same sheet. Attach one copy of the Maryland State Filing Form or TAD showing the product as listed with the State. All data sheets may be submitted with a picture and/or a sample if you like to: Gus Montes de Oca, Chief of Operations.

### DESCRIPTION:

1. BRAND NAME: \_\_\_\_\_
2. UPC CODE: \_\_\_\_\_
3. NABCA CODE: \_\_\_\_\_
4. CASES: \_\_\_\_/TIER; \_\_\_\_/PALLET
5. PROOF/ALCOHOL VOLUME: \_\_\_\_\_
6. PRODUCER: \_\_\_\_\_
7. SUPPLIER: \_\_\_\_\_
8. SALES IN SURROUNDING AREAS: \_\_\_\_\_

### SALES ASSISTANCE:

1. MEDIA ADVERTISING: \_\_\_\_\_
2. POST-OFFS, DEPLETION ALLOWANCES, ETC.: \_\_\_\_\_
3. SALES FORCE IN MONTGOMERY COUNTY (Indicate Full-, Part-Time) \_\_\_\_\_

PRICING:	Size:	_____	_____	_____	_____	_____
	Cost:	_____	_____	_____	_____	_____
	Freight:	_____	_____	_____	_____	_____
	Tax:	_____	_____	_____	_____	_____
	Total:	_____	_____	_____	_____	_____

I certify that the foregoing information is correct:

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Typed or Printed

\_\_\_\_\_  
Position

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

FINAL DISPOSITION: Stock \_\_\_\_\_ SC \_\_\_\_\_ No \_\_\_\_\_